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(With his will to survive, plain gut courage and coolness in a combat ejection survival situation, the pilot whose narrative we present here typifies the caliber and training of the Navy fliers performing some of the toughest mission in Vietnam. Here is his story in his own words.—Editor)

As commanding officer of an attack squadron, I led a routine mission against a suspected target

in North Vietnam. My wingman and I launched about 0750 and rendezvoused overhead of the carrier. We departed on top at 0810 and headed for our planned coast-in point. We began our descent from altitude.

Shortly after the coast-in point, we began picking up flak bursts to our starboard side, just north of our track. I called the flak to my wingman's attention and told him to keep jinking. A few seconds later I heard a loud "bang" followed by a "whoosh" and I felt a stinging sensation in my right elbow. I realized I had been hit

and looked down at my right arm. The arm was missing from the elbow down and half of my right forearm was lying on the starboard console.

During the first few seconds I had a hard time convincing myself that most of my right arm was missing, but when I tried to move the stick, I was convinced. I took the stick with my left hand and started to head the aircraft back out to sea. I radioed my wingman that I had been hit, then broadcast "Mayday," giving my side number and general position. I told my wingman to keep jinking and to get clear of the area. My airspeed was dropping so I eased the nose down and tried to hold about 220 kts. The shell frag (I estimate it was at least a 57mm because of my altitude at the time I was hit) had blown out most of the canopy and it was very noisy in the cockpit. The cockpit was quite a mess with flesh and blood splattered over the windscreen and instrument panel. I made a couple of radio transmissions to my wingman to see if he was OK but the wind noise was such that all I could hear was garble. Shortly thereafter I looked in my mirror and saw my wingman was still with me.

My arm didn't hurt but I was bleeding quite badly. I momentarily considered trying to make it back to the ship but realized I would probably pass out before I got

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there. The nearest "friendly" was the SAR DD stationed about 30 miles to seaward of the coast-in point. I thought I had been hit in the engine as well as the cockpit since I was still descending while holding 220 kts. I thrashed around the cockpit, making radio transmissions, flying the bird, changing tacan channels, and trying to arrest the bleeding by squeezing my right upper arm.

About the time I descended through 2500 ft, I looked at my RPM and realized I had only 70% power. Things had been pretty confusing, and it was the first time I had looked at the RPM since getting hit. I advanced the throttle and the RPM began to build up. The engine seemed to be working properly, and I climbed back to 4000 ft. I heard a garbled radio transmission and recognized the words "your posit." I replied that I was 240/15 from the SAR DD, that I had been hit in the cockpit, that I was bleeding badly and intended to eject as close to the SAR DD as possible. I then called my wingman and told him to tell the SAR DD that I would need medical attention immediately.

There were several subsequent radio transmissions by other stations, but they were all too garbled for me to understand. I was beginning to feel weak and decided I'd have to eject and get my flotation gear inflated before I passed out. As I neared the SAR DD, there was a broken undercast. For some reason, I decided I wanted to see the SAR DD before I ejected.

The undercast wasn't very thick and I descended through it, leveling about 3000 ft. As I broke out, I saw the SAR DD below, churning white water and heading directly for me. I glanced at the DME, which read three miles. Since I was feeling quite woozy, and beginning to experience tunnel vision, I decided to eject. I made sure my heels were on the deck, sat up straight, and pulled the curtain with my left hand. The next thing I knew I was tumbling or spinning. I heard a sequence of several snaps and pops, then felt the bladders toss me out of the seat. Shortly thereafter the chute opened and I seemingly was suspended in midair.

My oxygen mask was still on, and my visor was down. I removed the oxygen mask and dropped it. I looked around. The view was beautiful—blue ocean, white clouds above, and the DD steaming down below. The war seemed a million miles away.

I was feeling pretty woozy and couldn't concentrate on any one thing for very long. I held tight on the stump for a few seconds and then remembered to inflate my C-3 life vest. I inflated the left side first, then couldn't find the right toggle with my left hand. I groped around for a few seconds, then forgot about the right toggle.

I unfastened the left rocket jet fitting and let the seat pack fall to the right. Actually, it seemed to hang between my legs. I attempted to get at the lanyard to the lift raft but with my left hand, all I could reach was the D-ring for the bailout bottle so I forgot about that too. I went back to squeezing my stump and noticed I was still wearing my left glove. I pulled off the glove with my teeth, let it drop, and went back to squeezing the stump. I watched the glove falling lazily a few feet away from me for a while, then shifted my gaze to the DD. I didn't have any vertical reference points, and for a while it seemed I was not falling. I noticed the DD had a boat rigged out and suspended a few feet above the water.

I couldn't think of anything else to do so I just kept applying pressure to the stump and watched my wingman flying in a tight circle around my position. I recognized relative movement when I was just a few feet above the water. I crossed my legs, held my breath, and almost immediately hit the water.

When I bobbed back to the surface, I floated for a few seconds before I remembered to disconnect myself from the chute. The water was warm, with a gentle swell, and there was no discernible wind. The chute had collapsed behind me and all I could see were some shroud lines over my shoulder. I unlocked both Koch fittings and the risers fell away behind me.

The SAR DD was about a half mile away and the whaleboat was already in the water. I saw someone in khaki point in my direction. I muttered a few encouraging curses to speed them on.

I had lost the sense of time passage but it seemed that the whaleboat got to my vicinity quite rapidly. As the whaleboat neared me, the coxswain throttled back and turned away. Apparently he was concerned about running over me. I yelled to the boat that I was bleeding badly, and to drive right in, which the coxswain did.

When the boat was alongside, numerous hands reached out to grab me. I told them to be careful of my right side. After I was resting safely in the whaleboat, my right arm became painful for the first time. Up to that point, I had had just a mild stinging sensation. Someone removed my helmet and cradled my head in his lap. There was a corpsman in the boat and, although I didn't feel him puncture my arm, I was receiving Dextran from a bottle within seconds.

The pain was severe, so I asked the sailor holding my head to break out the morphine syrettes I carried in my left sleeve pocket. He said he had never given morphine so I mumbled step by step instructions. I told him to unscrew the plastic cap and throw it away, push the wire plunger all the way into the syrette, then pull it out and throw it away. The sailor was obviously shook because he pulled out the plunger and threw the syrette over the side. We went through the whole thing again with the second syrette, this time successfully, and the sailor got the morphine into my arm. I thought I was going to pass out so I told the sailor to remember to tell the doctor that I had been given morphine.

Shortly thereafter we came alongside the SAR DD. The bow and stern hooks were sharp, we latched on smoothly, and almost in one motion, were hoisted to deck level. I was taken down to sick bay where the ship's doctor began working on me. After a few minutes, another doctor from another carrier arrived and introduced himself. In my drowsy state that confused me somewhat. After pondering the thought, I announced that my carrier was closer than his and that I wanted to be returned to *my* ship.

I have no idea how long I was aboard the DD, but recall someone saying "about an hour ago," apparently in reference to my accident. That would have made the time about 0930. Shortly thereafter, I was placed in a stretcher, taken on deck and hoisted into a helicopter. Just before I left the DD sick bay, I insisted that my flight boots go along with me. A couple of my officers had dyed the boots bright blue ... the squadron color ... a few days previously as a joke. This was the first mission I'd flown wearing my blue boots and I didn't want to lose them. The carrier surgeon assured me that all my gear would accompany me.

I don't recall how long the helo trip back to my carrier took. I was pretty well doped up on morphine and quite weak. When we set down on the flight deck I recall two things distinctly: the air boss announced on the 5MC "163 returning," which made me feel better and our flight surgeon spoke to me. Hearing a familiar voice also made me feel better. His comment was, "Boy! Some people will do anything to get out of a little combat!" With friends like that, who needs enemies? I was taken below and into surgery, where among other valiant efforts (eight units of blood) what was left of my right arm was surgically amputated, leaving me with about a six-inch stump.

In retrospect, I can think of some survival procedures I could have followed to more closely coincide with "the book." But it is encouraging to note that the essential things worked. The A-4 Rapec seat, which

is famous for its simplicity and reliability, worked as advertised. My wingman stated that, in addition to the frag that went through the cockpit, my aircraft was "full of holes" and streaming fuel from several places. It is logical to assume that frags could have penetrated the fuselage and damaged the seat mechanism, since my wingman stated the AAA burst was "close aboard" my aircraft. However, it never crossed my mind that the seat would function other than as advertised when the time came to use it.

One half of the C-3 life vest is sufficient to keep afloat a pilot with full combat gear (.38 revolver, ammo, survival vest, RT-10 radio, etc.). The Koch fittings worked correctly after water entry. I merely unlocked them and the riser straps fell away. My .38 revolver and pencil flares, carried in a front pocket of my survival vest, were readily accessible although in the circumstances of my rescue they were not used.

I retained my helmet with visor down throughout the incident until I was in the whaleboat. With the visor down, oxygen mask on, and chin strap cinched, I experienced no facial injuries or discomfort from wind blast, even though the canopy and part of the windscreen had been carried away by the frag. I experienced no difficulties in doing essential things with only one arm, except for access to my morphine syrettes. I carried them in the left sleeve pocket of my flight suit and could not get at them. I recommend that morphine syrettes be carried in a more accessible one-handed location, possibly in a front pocket of the survival vest.

I could not reach the life raft lanyard with my left hand after releasing the left rocket jet fitting and letting the seat pack fall to my right side. During my flight from the beach to the SAR DD, I thought of applying a tourniquet to my right arm stump. I had the nylon cord lanyard attached to my .38 revolver handy, but reasoned that the effort to untie it, get it around the stump, and secured (with one hand and my teeth, no doubt), coupled with flying the aircraft was a tenuous prospect at best. Some thought might be given to a simple, one-hand operable tourniquet as an addition to combat survival gear. Not everyone will have his arm blown off, but there have been several pilot injuries in the Vietnam War where such a tourniquet would have been handy.

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